Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450



or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	correspondence including ded below or directed of tions.	ng the l	in Block 1, by (a	dore and notification	orres	spondence address;	and/or	(b) indicating a se	parate	"FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) J 5514 7590 07/18/2006						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
FITZPATRICK CELLA HARPER & SCINTO PE 428 30 ROCKEFELLER PLAZA NEW YORK, NY 10112						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
	UG 1 A LOUE						(Depositor's name)				
							(Signature)				
	A THADER						(Date)				
APPLICATION NO.	FILING DATE		FIRST NAMED INVE				NEY DOCKET NO. CONFIRMATION NO.		ONFIRMATION NO.		
10/667.316	10/667.316 09/23/2003			Hiroki Hayashi		00684.003529. 9263					
TITLE OF INVENTION	: INK CONTAINER, RI	ECORD	DING HEAD AND	RECORDING DEV	ICE (
APPLN, TYPE	SMALL ENTITY	SMALL ENTITY ISSUE FEE D		PUBLICATION FEE		PREV. PAID ISSUI	FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO		\$1400	\$300		\$0		\$1700		10/18/2006	
EXAMINER			ART UNIT	CLASS-SUBCLASS							
VO, ANH T N 2861				347-087000							
1. Change of correspondence address or indication of "Fee Address" (37										rick Cella	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form				or agents OR, alternatively,							
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)											
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.											
(A) NAME OF ASSI				(B) RESIDENCE: (C							
Canon Kabushiki Kaisha Tokyo, Japan											
Please check the appropriate assignee category or categories (will not be printed on the patent):											
4a. The following fee(s)	are submitted:		4b	p. Payment of Fee(s):		se first reapply an	ıy prev	iously paid issue fe	e show	n above)	
Publication Fee (No small entity discount permitted)						d. Form PTO-2038	is atta	ched.			
Advance Order - # of Copies5				X The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1205 (enclose an extra copy of this form).						ncy, or credit any ra copy of this form).	
5. Change in Entity Sta	tus (from status indicate	d above)	overpayment, to	эсро						
a. Applicant claim	s SMALL ENTITY state	is. See :	37 CFR 1.27.	☐ b. Applicant is no	•						
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req	uired) v tes Pate	vill not be accepted ent and Trademark	I from anyone other to Office.	han t	he applicant; a regi	stered a	ittorney or agent; or	the ass	signee or other party in	
Authorized Signature	Tilicia	1	Kal.	. 1		08/15/20 Date 01	306 MB	EYENE3 00000076	1866	7316	
Typed or printed name	Michael 1	С . С	'Neill			02 FC:1. Regi gg avion 8	101 184 181	32,622		1400.00 OP 300.00 OP 15.00 OP	
This collection of inform an application. Confiden	ation is required by 37 C	FR 1.3 U.S.C.	11. The informatio	on is required to obtain	or r	etain a benefit by the imated to take 12 r	ne publ	ic which is to file (a to complete, includ	nd by i	the USPTO to process) thering, preparing, and	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.